

#9 " 1820.

An Enquiry into
the Nature and Cure
of the Epidemic, commonly called
"Pneumonia Typhodes;"
as it appeared in the
Middle and Southern States.

"Quodcumque potest addicere acerbo." Hor.

By John Ridout of Maryland
Passed March 27 1816

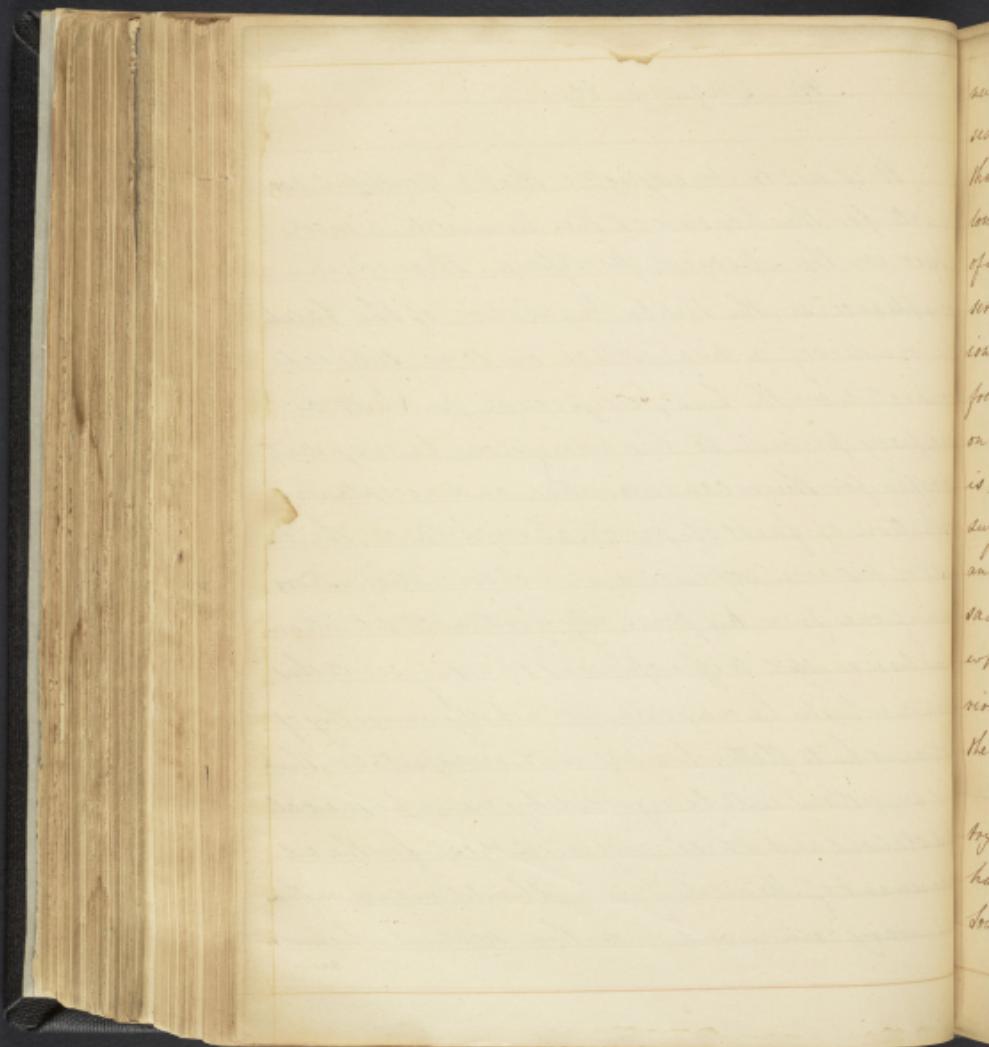
No 58.

1. *Leptodeira septentrionalis* *guttata*
2. *Leptodeira septentrionalis* *guttata*

An Enquiry, &c.

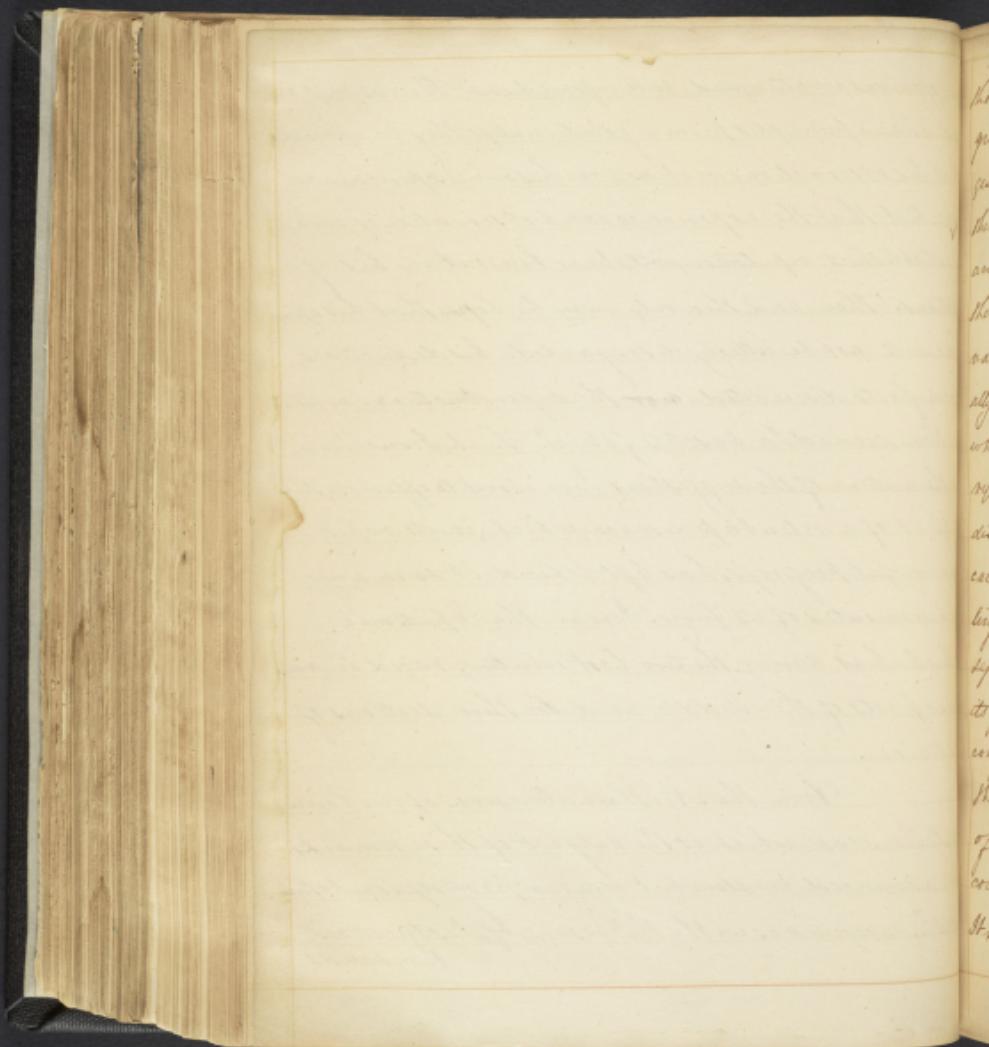
It is not to be expected that a youthful candidate for the honours of the University, a mere Tyro in the Medical profession, should, in compliance with that Regulation of the Faculty rendering a disquisition on some subject connected with his professional pursuits a necessary prelude to his admission, be competent to offer for their consideration and acceptance a collection of facts of practical importance, the result of his own experience and observation. Nor, even if one from his peculiarly fortunate situation has been enabled to offer opinions on a subject of this nature which he may deem not wholly unworthy of notice, is he to flatter himself with an expectation, that his suggestions will be regarded by men, whose exalted stations, and whose unwearied zeal for the advancement of Medical Science, should induce them a salutary caution, and render them sceptical whenever

new

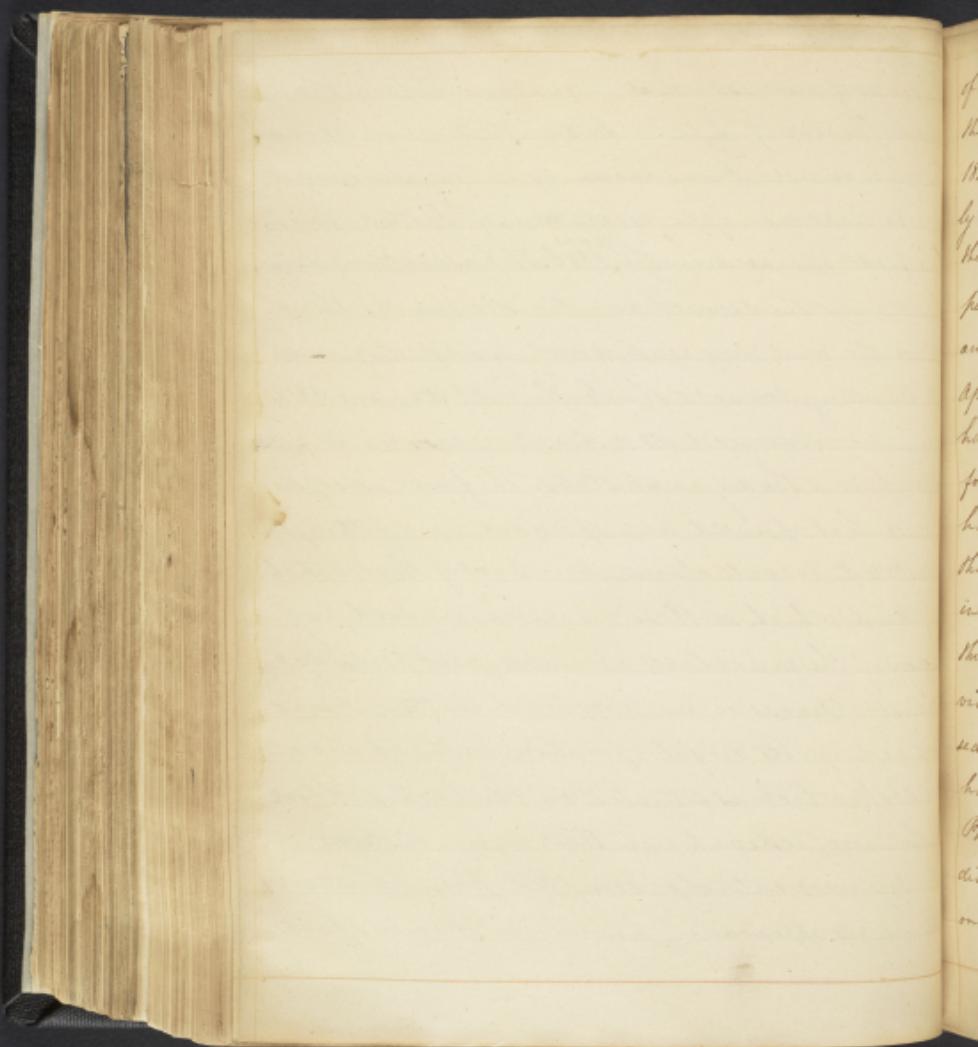


new opinions are attempted to be enforced, new theories proposed, or new principles promulgated; until they be assured that his observations rest not on his own experience alone, but that the experience and observation of men of established reputation, will bear him out in his assertions. Then, and then only may be hope, that his opinions will not be utterly disregarded, his deductions from facts discounted, nor the superstructure erected on them deemed "a baseless fabric." Such, I conceive, is the nature of the suggestions I am about to offer on the subject of a relentless disease, which, in its rapid and awful progress, has left behind it so many sad mementos of its fury. I mean the Epidemic which has during the two last winters, raged in various parts of the Middle and Southern sections of the Union.

From the Northern Division of our country, the disease which is the subject of these remarks, has advanced in slow but regular proportion to the South, sweeping as with the "besom of destruction" thousands



Thousands of our most valued countrymen from the great theater of life. In the North where its ravages commenced, it was known by the familiar, and there perhaps more appropriate term, of "Spotted Fever"; and first appeared in the ^{year} 1806. It has continued since then, bearing the same characteristic marks, though variously, and very considerably modified, gradually travelling towards the South, until the year 1812, when it commenced its destructive career in Maryland and the adjacent states. The first cases of the disease that appeared were sporadic, and although calculated to excite alarm, it was not of that appalling kind which with so much reason took possession of the inhabitants at a subsequent period. On its first appearance in Maryland in 1812, it was confined in its direful operation, to that part of the state, which is situated on the Eastern shore of the Chesapeake and even there many districts of country were entirely exempted from its attack. It made its appearance however in various parts of



of the Western shore of Maryland, and in Virginia
the next year, but it was not until the winter of
1814-15 that its deadly influence became so wide-
ly extended. In each of the above mentioned years
the first cases of the disease appeared at a late
period of November or early in December,
and continued with unabated violence until
April: many cases also occurred after the Spring
had considerably advanced, and some were
found as late as May or even when Summer
had commenced. It is worthy of remark however,
that the disease became much more moderate
in its attack, at these latter periods; and indeed
throughout its whole course the number of its
victims was greatly augmented with the increa-
sed inclemency of the season. This circumstance
has been likewise remarked by many of those
Physicians who practise most extensively in the
disease; and a Gentleman who has written much
on the subject, with great truth observes, that the
disease

*. The cold of the last winter was more intense in degree, than had been experienced within the memory of our oldest inhabitants. The alternations of heat and cold, during the months of April and May were likewise very remarkable.

disease became more violent, and many persons were attacked immediately on a sudden change of weather from a moderate temperature to cold? Yet notwithstanding it prevailed more extensively in cold, wet, or damp weather and its attacks were more violent, a series of mild or even warm weather afforded no security against it.*

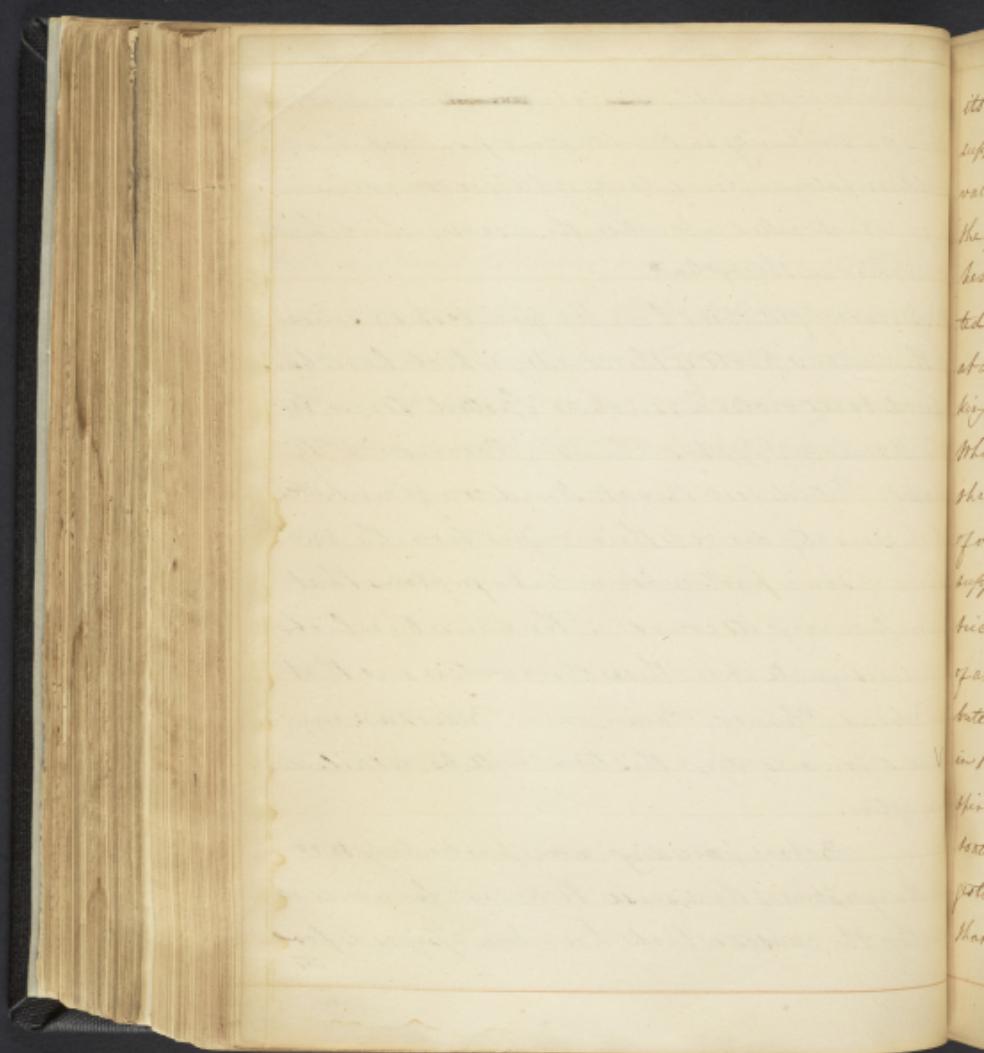
A prejudice very generally obtained in Maryland, that the disease originated with the United States' Troops stationed in various parts of the Country. But this opinion was certainly unfounded, for although in many places it first appeared amongst them, they being more exposed to the two chief exciting causes viz. cold, and fatigue, yet it at the same time frequently made its appearance in many situations very remote from their encampments. Neither did it appear to be contagious, as the fears of the people generally induced them to apprehend. In a great number of instances in which it attacked many members of the same family, the circumstances

* Hence it proved fatal to so great a number of Physicians
as in some parts of the State, to persons employed
in nursing the sick, and others, who had not taken
sufficient precaution to guard themselves against the
ill consequences of fatigue, inclemency of weather,

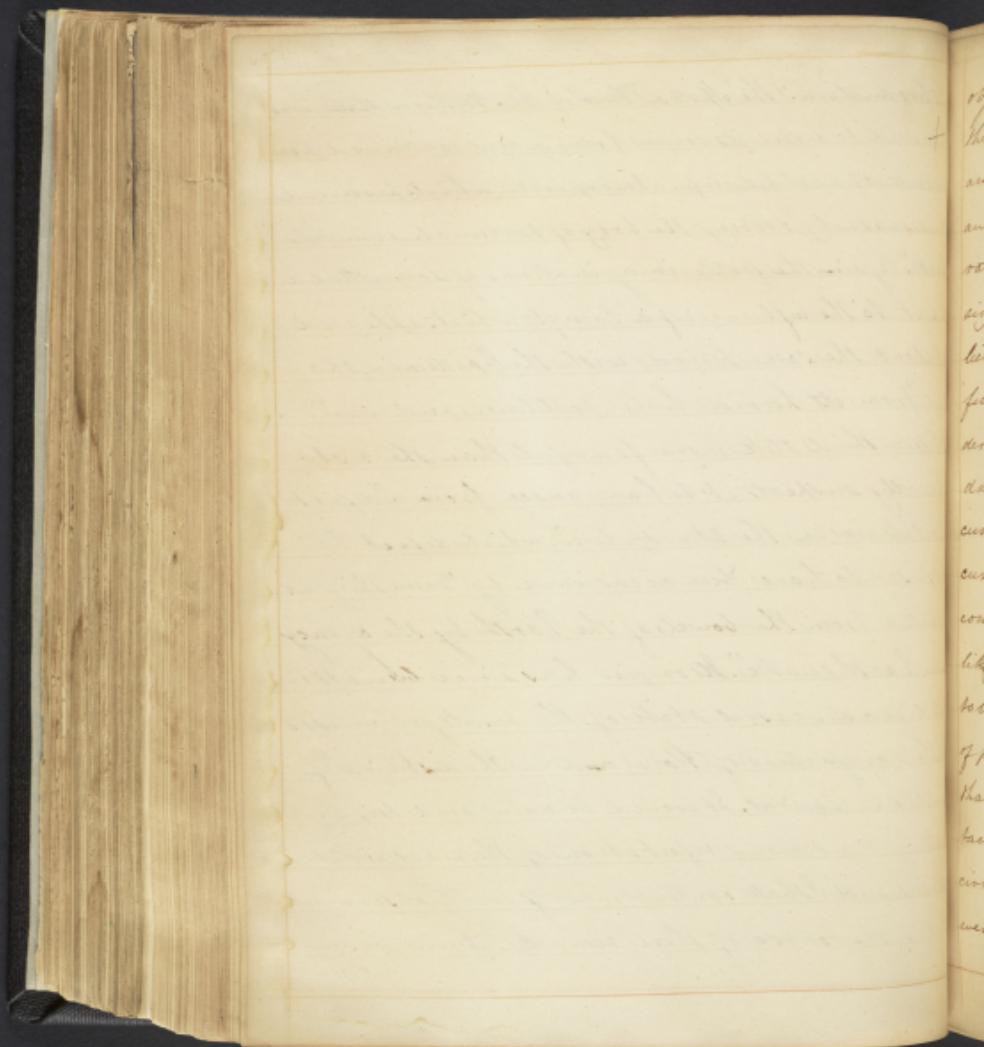
circumstances was readily — to be — accounted for
either by a similarity in their situations from exposure
to cold, or fatigue, irregularity of diet, or some other
cause which called into action the disease which had
been lurking in the system.*

Different appellations have been given to this disease
in the various parts of the country which have been
opposed to its violence, such as Spotted Fevers (Ter-
bris Maculata) Typhus Pleurisy (Pneumonia Ty-
phoides) Putrid sore Throat, Head complaints, &c.,
which generally derived their origin from the pre-
valence of some particular violent symptom that
occurred during its course. The name by which
I shall designate it in these observations is that
of Bilious Pleurisy (Pneumonia Biliosa): my
reasons for adopting this term will be detailed
hereafter.

Before proceeding more particularly to re-
late the symptoms of the disease, I will say a few words re-
specting the causes which have been assigned for
its



its production. The "Spotted Fever" of the Northern states, was supposed to derive its origin from a long continued prevalence of a cold, damp, atmosphere, which produced the disease by "robbing the body of too much animal heat". Again, the fertile imagination of some attributed it to the influence of a comet, which appeared at about the same period with the Epidemic, shewing "from its horrid hair, pestilence and war". While a third still more fanciful than the rest, strenuously suspects it to have arisen from a "defect of vital air in the atmosphere"; which defect he supposes to have been occasioned by "something excreted from the bowels of the Earth by the agency of an earthquake". Its origin has since been attributed to a diseased state of the small grain used in the manufacture of flour, and in the distilling of spirituous liquors. It would be vain and trifling to attempt a serious refutation of these absurd speculations, and I shall content myself with observing that in the course of these remarks, it will be my object



object to endeavour to prove that the disease arises from the accumulation of bilious and acrid matter in the stomach and bowels, and that the affections of the head, chest, and throat, generally observed as occurring either separately, or altogether, are merely secondary symptoms arising from the disorder of the Primary *Via*, and to be relieved by remedies calculated to remove the primary affection. With respect to the causes producing this disorder of the biliary organs, we are, I believe, wholly in the dark; although we may be well informed as to the circumstances that appeared most favourable to the occurrence and extension of the disease, and with the constitutions and habits of the persons in whom it was likely to prove most fatal. It was uniformly observed to become more violent, and to attack a greater number of persons during the prevalence of cold and wet weather than at any other period. Those most liable to its attacks were persons who from ^{the nature of} their occupations or other circumstances were exposed to the inclemency of the weather, fatigue, or other debilitating causes. It proved most

* As far as I can learn, from the publications which have appeared, and from other sources, the description of the Epidemic as it appeared in Maryland, will apply equally well to the more Southern states.

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most fatal to persons advanced in life, to debilitated and more especially intemperate persons: indeed it was a rare occurrence for one of intemperate habits in the lower walks of life, and who from his situation was subjected to numerous privations, to recover from the disease or its consequences. Children suffered comparatively but little from its attacks.

I will now proceed to relate the symptoms of the disease as it appeared generally in Maryland, and particularly as they occurred in a majority of those cases which came under my own observation, noticing the varieties which often took place as the disease assumed different forms.

Without any premonitory symptoms, the patient was most frequently suddenly seized with a chill, which differed in duration ^{and} severity in various cases; this was succeeded by alternate chills and flushings followed by an increased heat of the body, with a greater or less degree of feeble action. The heat of the skin was very rarely so considerable as in ordinary Pyrexia, but the patient complained

*. In one case of this kind the patient was seized with a violent pain at the angle of the jaw, which continued for a short time when the disease assumed its most violent form and the woman died within ten hours from the attack.

+ Coma sometimes occurred.

complained much of a sense of great internal heat, and often, though not always, of much thirst. Sometimes the first symptom of the disease was a severe pain of very small extent, in some particular part of the body, which continued not very long, before the other symptoms of the disease appeared.* The face was flushed, the eyes often inflamed, and the pain in the head, particularly over the eyes, intense, and at the commencement often constituted the most urgent symptom: sometimes, the pain was increased to delirium, and was always more severe than in genuine pneumonic inflammation. Severe pain in the side or some other part of the thorax, which was increased during inspiration, and frequently by pressure, and which tended continually to change its position from one point to another, or to become more diffused throughout the chest, with a sense of fulness or tightness, and disordered or anxious respiration interrupted with frequent sighing, attended in a considerable majority of cases. A sense of weight, pain and oppression at the stomach, with a loss of appetite, nausea and generally a vomiting of a fluid usually bilious in its appearance.

*. as the spring advanced these became more frequent

*. This variation in the pulse was also observed by Dr. Brown in the Bilious Pleurisy of Livermore, to which he shall hereafter refer more particularly.

†. When bloody the expectoration differed from that in ordinary cases of Pneumonia in this, that the fluid discharge was frothy and the blood intimately mixed with the fluid.

appearance, occurring either during the chill or subsequently
were symptoms commonly observed.* The bowels were usually
painful and constipated. The Tongue was loaded
with a thick yellowish matter, or smeared with a dark
coloured viscid mucus; sometimes however it was smooth
and natural in its appearance, at others dry and scab-
rous. The pulse was generally frequent, but not large,
and often not more full than that of a person in health;
frequently, however, irregular, being sometimes full
and even hard in ^{the} form, while soft and weak in the others,
or it was very frequent, quick, and in many cases intermit-
ting: it varied not only in different persons, but in
the same person at different times.* The patient was
harassed with a cough, which most frequently did not
occur on the first day, sometimes dry, but generally attended
with an expectoration of a yellow, tenacious, and dark-coloured
mucus, frequently mixed with blood. In many cases the ex-
pectoration was natural. In a majority of cases, the patient
a few hours after the attack complained of hoarseness
and uneasiness about the fauces which soon became
more

* The commencement of the affection of the throat was sometimes perceived before the occurrence of the chill.

more or less inflamed, occasioning a great difficulty of deglutition and respiration, with giddiness, faintness and disposition to vomit, thus greatly aggravating the distress of the patient, and in some cases occasioning death by suffocation in less than 24 or even 12 hours. * The tonsils, uvula, tongue, &c. were sometimes much inflamed, and in some instances extensively ulcerated, though in general these affections were not sufficiently violent to account for the symptoms observed on their occurrence. The prostration of strength from the commencement was so remarkable as to constitute one of the distinguishing marks of the disease. Partial sweats, and collapse of the extremities, particularly of the feet, were often remarked.

Where the symptoms occurred with an extraordinary degree of violence, whether the head, thorax, or throat were the seat of the disorder, the life of the patient was often terminated within 24 hours from the time of the attack. If the disease did not prove fatal on the second or third day, it was frequently protracted for

*. This circumstance has likewise been observed by some of those Physicians who have written on the subject. Dr. Waller of Lucy Land who practised extensively in the disease observes, that 'when external inflammation took place, it was invariably a favourable sign.' Husham and Chapman, to whose works I shall hereafter refer, have likewise mentioned the occurrence of Erysipelas as a favourable symptom in the epidemic Pleurisy, which they have described.

several weeks, a puris: is somewhat of an intermit-
t form, or terminatio: is Typhus. After the violence of
the disease had subsided, and it had lost its charac-
teristic marks an obtrusive intermit: often succeeded.

A very frequent termination of the disease, was in
that of Inflammation of some external part, more frequently
by one of the large joints. Whether this inflammation were
of a phlegmonous or suppulsive kind, the latter of which
however most frequently occurred, its appearance al-
most invariably denoted a favourable termination of
the disease.* Large glandular swellings often preceding
to suppuration sometimes occurred about the neck, and
other parts. This disposition of the disease to metastasis
is one of its most remarkable characteristics. Its
sudden translations from the chest to the throat, head
when these were not primarily affected, joints, &c were
truly astonishing. Amongst many others which might
have been mentioned as demonstrative of this fact,
the abstract of the cases 401. 2. 3. at the end of this Epiz
will be sufficient. I have known but one case of the
disease.

* In the blood which I had an opportunity of examining, this was very rarely observed.

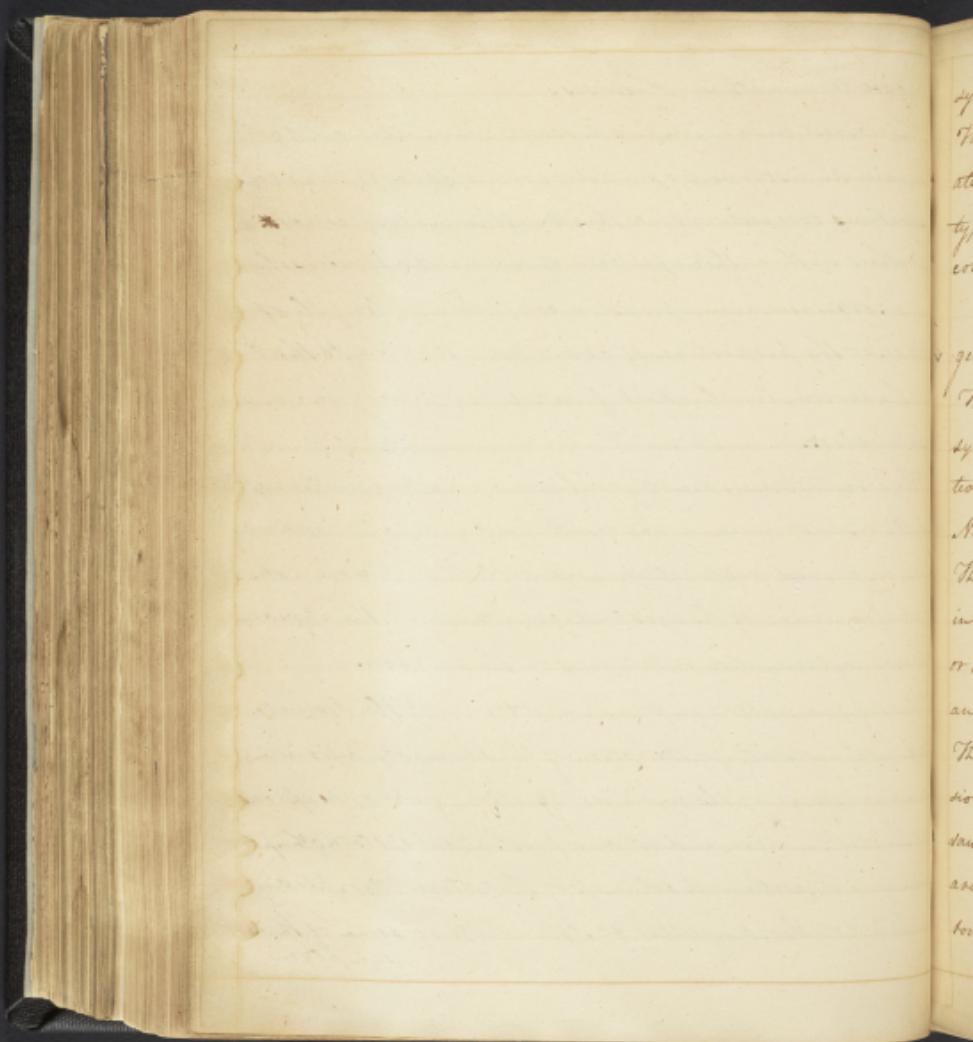
† Similar appearances of the Blood have been described by Stephans.

disease terminate in Phthisis.

The Blood drawn in this disease when allowed to remain undisturbed assumed various appearances, being sometimes covered with a thick inflammatory coagulation, at others with a thin pellicle of a somewhat greenish hue: often remaining fluid a considerable length of time, or the proportion of coagulation formed, to that of the serum in which it floated, being very considerable.

The circumstances denoting a favourable termination of the disease, were, a moderate and general diaphoresis, improved respiration and depletion, a more natural appearance of the eyes and countenance, the appearance of inflammation or tumours on the surface.

The unfavourable symptoms were torpor of the bowels, difficulty in exciting the action of the stomach, delirium, coma, violence of the agueine affection, great oppression at the chest, sudden and extreme prostration of strength, partial sweats, continued coldness of the extremities, picking at the bed clothes, singultus, &c. The whole or some of these symptoms



symptoms always preceded the death of the patient: The recovery of the patient was not always immediate nor complete. As was mentioned above a low-typhus, or intermittent often succeeded, or the patient continued languid and weak during several weeks.

It has been alledged that this is a disease of the same generic nature with that which prevailed in the South. That it is so, may be readily proved by comparing the symptoms above described with the character of the "Spotted Fever" as given by a number of practitioners in New England, in the collection published by Dr. North. The Pathognomonic signs of the disease as it appeared in that section of the Country, were, Headache, coma, or delirium, sore throat, a weak irregular pulse, a sudden and great prostration of strength, nausea, vomiting. These symptoms, common to the Epidemic of both divisions of the Country, sufficiently denote them to be the same disease. In some respects, however the two diseases are different, the Epidemic of the North presenting symptoms which were rarely to be met with in the South, whilst

* This doctor says the Dr. rather the violence than any particular nature of the disease.

whilst in the latter on the contrary, the disease appeared under circumstances which did not occur in that of the former. In a pamphlet published on this subject by Dr. Wright of Baltimore, the varieties that appeared in the two diseases have been detailed at some length, I shall at present offer a very condensed view of these differences abstracted principally from the work alluded to, reserving the liberty however of making such alterations as my own observation, and the experience of other practitioners will justify. 1^o The "Spotted Fever" of New-England, differed from the Epidemic of Maryland in the presence of maculae and petechial discolorations, particularly with respect to the time of their appearance. They were rarely observed in the latter state, and when they did appear, it was always at a very advanced period of the disease*. 2^o In the frequency of Delirium, Comas, and Mania. 3^o In the extreme defect of general temperature. we had chills in the former state of the disease, with cold extremities, which generally lasted only a few hours, though occasionally the coldness continued throughout the greater part of the patient's illness.

*. I have seen one case only terminating in hemiplegia.

†. This was more particularly the case on the Eastern shore of Maryland and Virginia, where the inhabitants are, during the summer and autumnal months, afflicted with very violent bilious remitting, and Typhus Fevers.

4th, muscular rigidity, tetanic symptoms, paralysis. 5th. In
the general smallness and frequency of the pulse. It was generally
frequent, and most frequently after the child was full as in health,
often more so. 6th. In the occasional symptoms of the disease,
as Syncope, temporary blindness, Stranguary, and haemorrhage.
The Southern Epidemic on the contrary exhibits characters not
observed in that of the North, viz. a severe pulmonary affection
accompanied with pain of the Throat, cough, increased and
often bloody expectoration, flushing of the cheeks, &c. These
were the chief marks of difference observed in the two dis-
eases and surely they are insufficient to justify us in designating
the Epidemic by different names or to lay down for adop-
tion very opposite modes of treatment. An equal or perhaps
even greater variety was observed in the Epidemic of adjacent
States or even in different parts of the same State, some of the
symptoms that appeared more remarkably in one district of
country being frequently absent in another. In certain districts
one the symptoms of prostration of strength, and inordinate
debility, appearing almost universally ab initio; while in others
the disease is evidently displayed an inflammatory tendency

*. As in the northwestern part of a hilly land, a high mountainous country where diseases of an inflammatory form most commonly prevail.

†. The great variety under which Epidemics often appear has been remarked by many authors, and particularly by Dr. Rush in his account of the Yellow Fever which has frequently prevailed as an Epidemic in various parts of our country.

from its commencement*. Indeed this Proteiform nature of the disease constituted one of its most remarkable qualities. In so many various forms did it make its appearance, that, at first before physician ^{had} become sufficiently aware of this peculiarity, the same disease appearing only under different forms received a totally opposite, and of course in many cases an improper mode of treatment. At one time the affection of the head, at another the symptoms of Gynaecies, and again the pulmonary disorder each in its turn predominated, and received the treatment adapted to a primary affection of these different organs. The symptoms of prostration that so often prevailed, were likewise attempted to be counteracted by remedies called for in the lowest stages of Typhoid ability. The primary disorder was in short in many cases entirely lost sight of.

The Bilious Cleuring as it has lately appeared amongst us is by no means to be considered as a new disease. Epidemics whose characteristic features so closely resemble those of the disease now under consideration that they may

*Wilson observes that "Pneumonia typhoides" whether idiopathic or symptomatic is often accompanied with the symptoms peculiar to Bilious Pneumy."

may with propriety be considered as the same, varying
only from some peculiar circumstances of climate, con-
stitution, &c, have been described by ~~different~~ authors as
occurring at various periods in different parts of Eu-
rope. In our own country likewise, Epidemics bearing a
very close analogy to the one in question, have at for-
mer periods, prevailed in a greater or less degree. To these
Dr. Rush has alluded in many parts of his writings, and
the Professor of Statistics Medicina in his Lecture on this sub-
ject speaks of their strong resemblance to the present
Epidemic. Mr. John Barron likewise mentions a "Plu-
riodic fever" attended with bilious concretions, which
was epidemic in Pennsylvania during the winters
of 1747, '48, '49, which was most probably of a similar
nature. The first writer to whom I shall refer as
having entered more fully into the subject, is Clepharus,
who has given an admirable description of the "Bilious
Plurisy" as it prevailed in Minorca in the winter of
1744, '45 which, in all important points, perfectly coincides
with the account given of the Epidemic of this country.

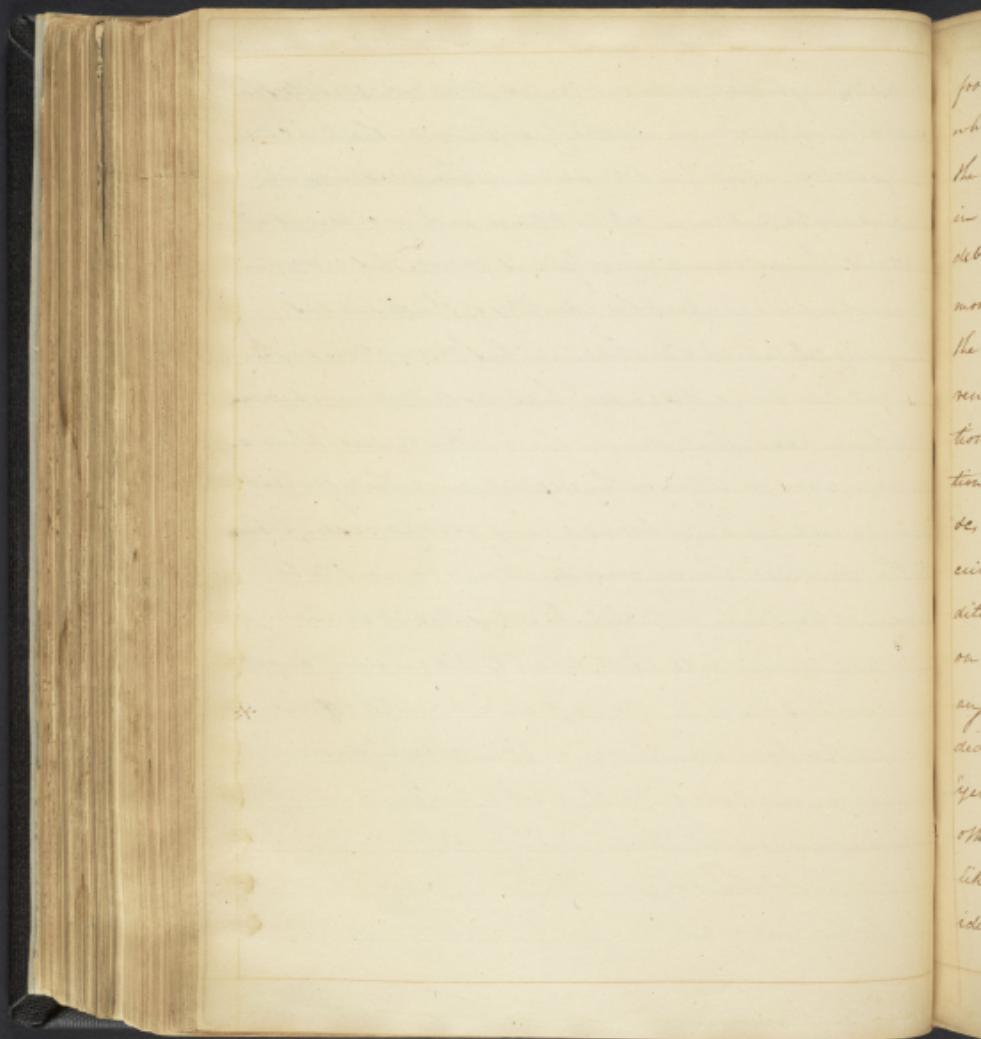
And

~~* to give the Northmen, to a party of a slave band a high and
famous country to her ancestors, a place more fit in Ireland
they phone.~~

And although the treatment found best adapted to the generality of cases was not exactly similar in the two countries, yet, after what has been said of the tendency in this disease to put on at different times, and in different situations, the inflammatory or typhus form, this circumstance should not affect the identity of the disease.

The justly celebrated Hushaw, in his "Observations on the Air and Epidemic diseases" has described an epidemic which prevailed during the winter of several successive years in Plymouth, England, and the adjacent country, which as it bears a very strong resemblance to the disease under consideration, requires to be more particularly noticed. In doing this it is not my intention to enter into a full detail of the circumstances attending this disease, nor to draw a parallel between it, and the American Epidemic; it will be sufficient for my purpose merely to quote the most remarkable symptoms as he has described them. In the first volume of his Observations comprising an account of the Epidemic which had prevailed during a period of 10 years, 16

from



from the year 1728 to '58 he describes a winter-epidemic which frequently prevailed in a greater or less degree, the most striking symptoms of which were, severe pain in the head, back, and often in the extremities, great debility, extreme oppression at the chest with peripneumonic symptoms, bilious vomitings, violent affection of the throat, &c. He likewise mentions the frequent occurrence of glandular swellings, engorged and inflamed, and an eruption of pustules as favourable terminations. In more violent cases Petechiae, nervous tremors, &c. came on. A very fatal 'Pulmonary fever' is also described by him as prevailing in 1740, in which, in addition to the symptoms above enumerated 'there came on a terrible phrenzy, and very often a kind of ulcerous angina even from the beginning, which by degrees invaded the whole fauces.' This was likewise attended with 'yellowness of the skin jaundiced countenance' and other bilious symptoms. Similar Epidemics prevailed likewise in several of the subsequent winters. In these epidemics the pulse was generally frequent, softer than natural

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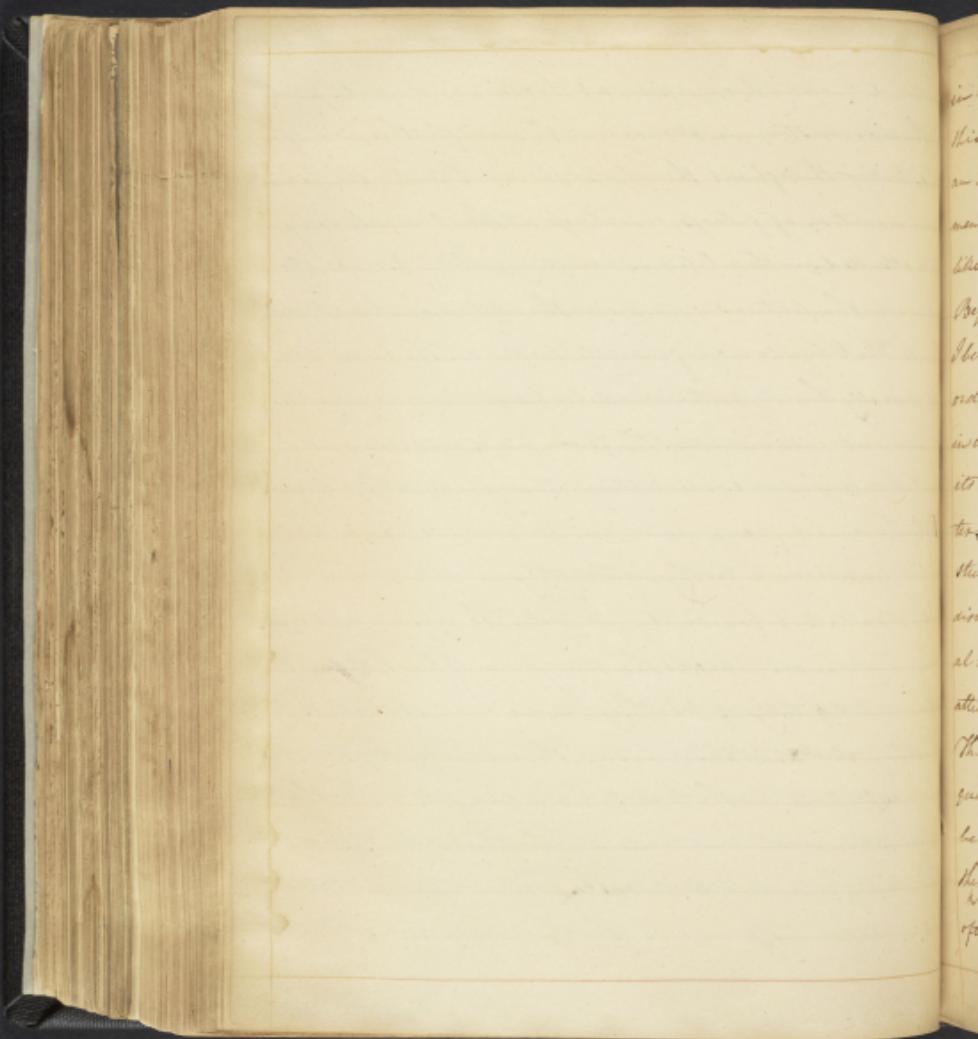
and often irregular. Convalescence of the extremities not unfrequently occurred. These circumstances are sufficient in my estimation to prove that these are diseases of the same nature.

The next writer whom I

shall notice is Stoll of Vienna, who in his "Médecine Pratique" has treated at considerable length of a disease which he calls "Pleurie ou Pneumonie Bilious". which at different periods, but particularly in the year 1776 prevailed as an Epidemic in Vienna and other parts of Germany. His observation on this subject of great precision, and his character stands so high as a physician and an Author that his practice in the disease and the facts recorded by him appear to merit our attention. I shall, therefore, as concisely as is practicable, enumerate the most prominent symptoms of the Bilious Pleurisy described by him, in order that the analogy it bears to our Epidemic, may be made apparent. The chill with which the patient was seized, however, was more evidently marked than in true inflammation of the lungs, and he complained of a considerable degree

*. De toutes ces symptômes, celui dont les malades se plaignaient davantage, c'étoit la chaleur dans la poitrine avec oppression & difficulté de respirer... Quelques-uns même ne se plaignaient que d'une gêne dans la respiration et d'une violente oppression de poitrine? These were frequently the only symptoms complained of in the Epidemic here.

of internal heat, with oppression at the chest, and acute pain in the side or sternum attended with a cough; this pain often extending throughout the whole thorax. Pain in the head, pain, sensation of fulness, or sickness at the stomach very often attended with a bilious vomiting, which frequently relieved the patient; pains in the abdomen, back and loins. The bowels were generally constipated. The pulse was not generally hard, and varied in frequency very much in different individuals. The fever had in some cases regular or irregular exacerbations, though often it continued with the same degree of violence. The expectoration was viscid, tenacious, or frothy, intimately mixed, not tinged with blood, but frequently natural. The most urgent symptom which he describes is the sensation of heat, oppression, and difficulty of breathing; none ever complained of nothing else. In some, he says, there were a very severe and acute pain in the breast, hard and full pulse, the expectoration small and mixed with streaks of blood. "En la autre la maladie bilieuse, & violent une véritable inflammation des poumons." The affection of the heart was

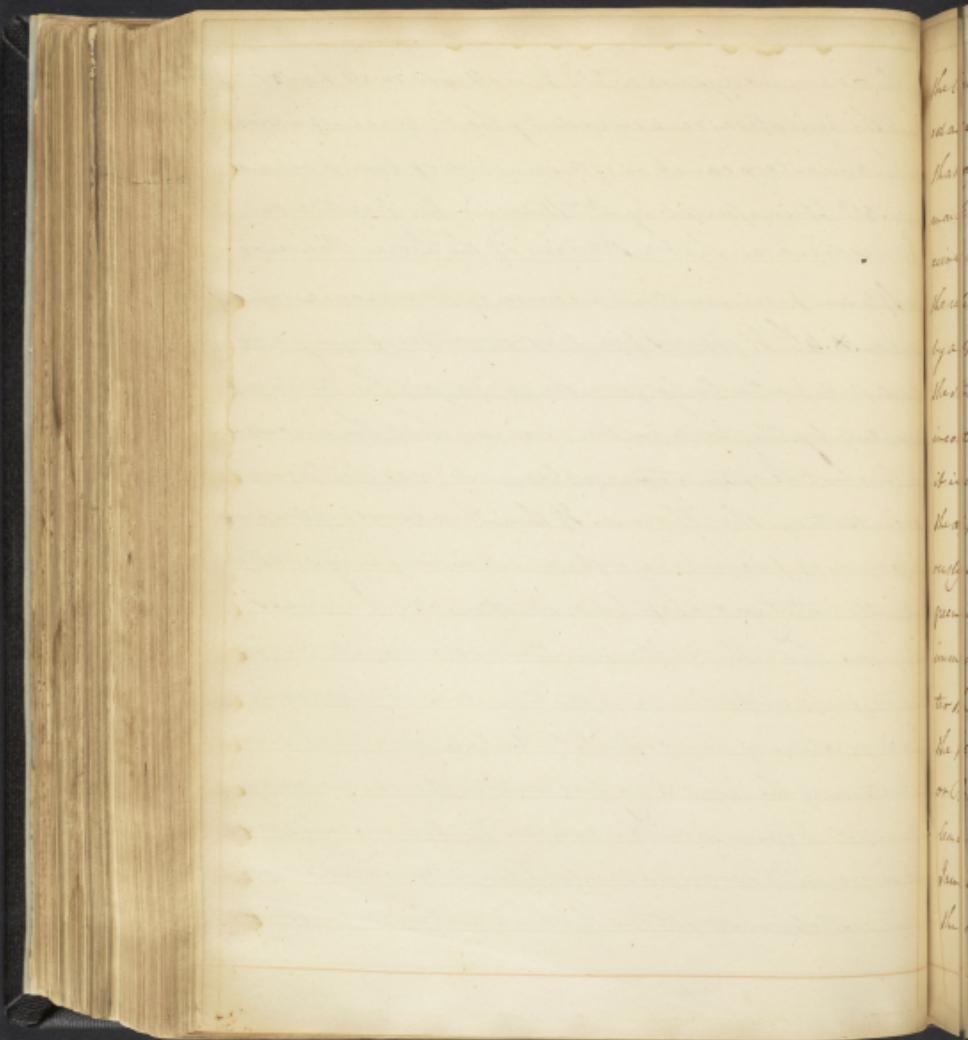


in many cases an evident symptom. The consequences of this disease, were also similar to those of our epidemics an Intermittent, most commonly of the tertian form, as mentioned as frequently supervening, and the disease like ours often terminated in Typhus.

Before proceeding to consider the treatment which will I believe be found to prove most successful in this disorder, I will make a few remarks, and offer a few facts in corroboration of the affection that the disease owes its origin to a collection of bilious or other acrid matter, in the stomach and bowels. That some of the most striking features of this disease, viz. the foul tongue, gastric disorder, affection of the bowels, headache, sense of internal heat, may with greater propriety than to any other be attributed to this cause, no one I presume will deny. That the affections of the chest and throat may with equal propriety be ascribed to the same cause, may be inferred from the following circumstances. 1. They ^{are} which greatly enlarged the stomach and intestines often occasions a pain in some part of the side accompa-

* I have, says he, several times seen Pneumonia coincidently induced by this affection of the liver, and in one of my patients who died of a chronical liver, the lungs throughout their whole extent adhered to the sides of the chest.

with more or less dyspnoea. 2^o It is allowed on all hands, that the irritation occasioned by the presence of worms in the alimentary canal is often a cause of true pneumonia. 3^o It is asserted by Dr. Wilson in his treatise on Febrile diseases, that a Schirus of the Liver, Pancreas, or Spleen, prove sometimes a cause of pneumonic inflammation. 4^o It appears from the observations of many authors, and particularly from the efficacy of the treatment adopted by Clephora in this disease, that the disorder of the chest is often a true inflammation of the Pleura, or contents of the Thorax. If then these causes often prove a source of pneumonic inflammation, why may not the equally irritating one of bilious matter. As it appears therefore that the inflammation of the breast may arise from abdominal irritation, does it require a great exertion of our credulity, to believe, that the affection of the Heart, so frequently occurring, may proceed from a similar cause. The Cyanosis is rarely so severe, as to occasion the sudden suffocation, and other distressing symptoms that are met with in the disease.

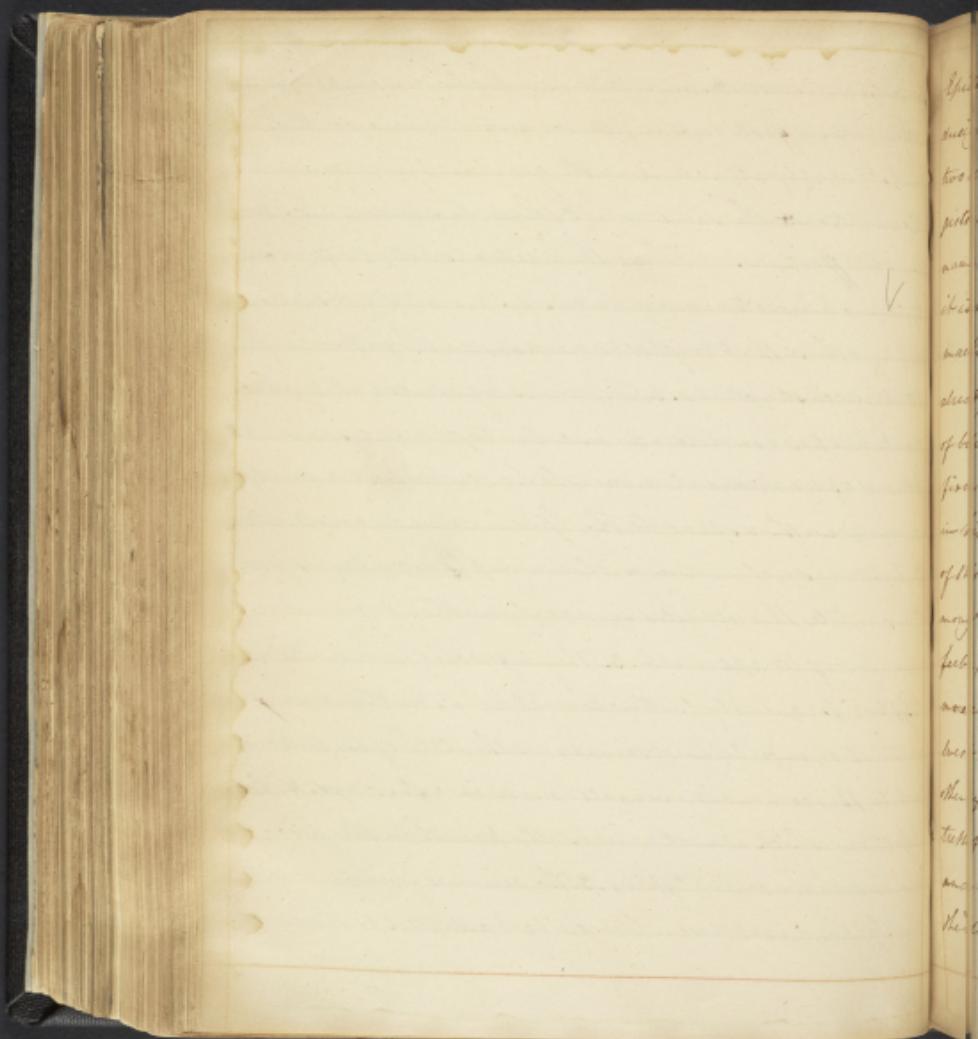


the living membrane of the ~~thorax~~^{the thorax} may be consider-
ed as continuous with that of the bronchies, and we know
that affections of the ~~thorax~~^{the thorax} generally are attended with
marks of pulmonary irritations. For my own part I be-
lieve nothing that militates against this opinion, and
the relief afforded to this as well as all the other symptoms
by a spontaneous vomiting, or by remedies so directed to
the stomach as to procure an evacuation of its contents
incontrovertibly proves the correctness of the affection. That
it is a bilious disease may likewise be inferred, from
the appearance of the fluid discharged, either spontane-
ously or by the aid of medicines, which is generally a
green, yellow or dark coloured bilious matter; from the
immediate improvement in the state of the patient af-
ter this evacuation, from the bad effects of its retention in
the human body, and from the circumstance of an Inter-
or Remittent Fever so frequently remaining after the ex-
istence of the disease had subsided. From all these facts
I am induced to believe, that the pulmonary affection is at
the commencement of the disease merely symptomatic of

*. The frequent changes in the situation of the pains, and an increase on pressure, may also be adduced in proof of this.

t. In the only patient whom Howard had an opportunity of examining after death, the pericardium showed evident marks of inflammation, and contained about $\frac{1}{2}$ of a red serum: the heart itself was covered with an inflammatory crust, and when this was removed its surfaces presented the appearance of a half boiled beef. The portion of the left lung, immediately over the pericardium, only was inflamed.

be gastric disorder*, and that from the longer continuance
of this latter affection, the pleura and thoracic cavity
are frequently attacked with genuine pneumonitis or
pleuritis. In the same way, I think, be said of the an-
ginous affection. That the disease is not of a genuine
typhus character may be easily proved by observing
among other that might be mentioned, the following
striking distinctions. 1. Typhus is by almost all no-
tional writers considered as a Contagious disease, but
I know of no medical man who has expressed a similar
opinion with respect to the Epidemic under consideration.
2. Typhus is ushered in with many premonitory symp-
toms, while this invades suddenly without giving any
warning of its approach. 3. The interval or incubation
of Typhus frequently lasts several weeks, without any
material change being observable in the state of the patient,
while this commonly runs its course in a few days. 4. Local
affections which almost universally prevail in this disease
are not common in Typhus. 5. The remedies found useful
in Typhus, are not those which are best adapted to the cure
of this.



Epidemic. These are of themselves sufficient without ad-
mitting other proofs, to convince the distinct nature of the
two diseases. With the disease termed by the noso-
pits "Pneumonia Typhodes" or Petrid Pneumonia, the
name by which the Epidemic is generally designated;
it is more apt to be confounded; but the following
marks of distinction in addition to the circumstances
already stated, as inducing me to class it among diseases
of bilious origin, will in a great measure tend to con-
firm the correctness of the opinion. Hughson who has
in his treatise on Pneumonia given a short account of
this disease which he calls a "malignant peripneum-
ony" asserts, that it most commonly occurred amongst
feeble, debilitated and otherwise diseased subjects, and
more especially the sailors who after "long cruises, and
West India voyages" had become scrofulic. With
other symptoms of this disease he includes "a black tongue
tuh purped with a dark, thick sores, offensive breath
and high coloured or black rank urine; these with
the bloody dysentery" which he mentions as of such fre-
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* A fast certainly never observed with respect to our pa-
demic.

occurrence are certainly symptoms denoting a highly typhoid disease and by no means common to our Epidemics. Wilson and Coppel make similar observations with regard to the persons most liable to the disease; and the latter when speaking of the cause, asserts that the common Pneumonia may be changed into the Atrocity by heating or debilitating medicines. Add to this that in the Typhoid pneumonia the pneumonic symptoms, in a great majority of cases, supervene on a typhus fever of long continuance; although Epidemics of a typhoid nature have sometimes occurred, ^{which} they appeared as a primary affection. The treatment likewise which has generally been adopted in those diseases will not often prove successful in the American Epidemic, at least not in those forms of the disease which have prevailed in the districts of Country to which I have particularly alluded. Injections of every description having been uniformly prescribed and recourse immediately had to the most active tonic, and stimulating remedies. Such practice will not be found to succeed in the Epidemic of the Southern States.

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The presence of Bilious symptoms, prostration of strength,
the general softness of the pulse, affection of the head,
with many other attending circumstances, sufficiently
note that it is not genuine pneumonia.

Of the Treatment. Various modes of treatment have been
recommended and adopted in this disease by the practical
men in the different sections of Country in which it has pre-
vailed. These however may be reduced to three viz. 1. The
stimulating plan, which has almost universally obtained
in the North, and in many parts of the South, and which
is, indeed, the one most generally resorted to. 2. The sweating
plan, and 3. That by leeches, which has hitherto
met with the fewest advocates. To either of these methods
of cure are we exclusively to trust, though each is at some
period of the disease to be practised. If Professor Rush's
doctrine of prescibing for the symptoms, and not the
nature of a disease be ever adopted in practice, it
should be in the present instance, where the disease
in different situations, assumes such an immense variety
of aspect. The absurdity of prescibing an invariable
mode.

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mode of practice from which we are "never to deviate", in
any disease, but particularly in one which is acknowledged
on all hands to make its appearance under so great
a variety of forms, must be apparent to every person who
reflects on the subject. Our treatment must vary with
the symptoms of the disease, and although a practitioner
one class of remedies may be adopted to a majority of
the cases that occurs yet, no man can keep his mind so
wrapped up in an overweening and exclusive attachment
to his ^{own} peculiar theoretical views, will assert, that the
disease is uniformly to be managed in conformity
with the plan which he may have adopted, or that
no change of circumstances, will justify a modification
of his mode of treatment. The various symptoms which
appear in different cases, and the different circumstances
under which the disease makes its attack, demand
a modification or change in the application of the
remedies; and yet the general principle on which the
cure is to be conducted, must be the same. Or, to render
my meaning more propitious, at the same time that

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we are particularly attentive to the more urgent symptoms, that occur, varying our treatment to meet the indications of use in each individual case, we should be careful not to lose sight of the primary affection. The cause of the disease must be removed before we can expect to accomplish the cure of our patient. Convincing, as I do, that the disease is occasioned by an accumulation of bilious and other matter in the alimentary canal, the first step that I would recommend towards accomplishing a cure, is the exhibition of an active Emetic. This, when we are called at the commencement of the disease, may, under circumstances, hereafter to be pointed out, should be given as soon as some degree of warmth has been restored to the surface, by the use of warm drink, warm application, &c, and in some cases, where the powers of life appear extremely languid, by the exhibition of the emetic, or if possible before the chills be perfectly formed. The article which appears best calculated to procure a speedy and effective operation, is the Emetic Tincture, given in divided doses at short intervals; or the Rhubarb, Specumonkia,

*. It was frequently found useful to combine the emetic with Calomel.

t. Huxham and Stole principally trusted to the use of emetics and cathartics in the cure of the Epidemic so described by them.

Specumurice, rendered more active by the addition of a small portion of Sartic Tincture. When given thus early I have known the most decided advantages speedily to result from the use of these medicines, the violent symptoms of the disease immediately giving way on the purgation of the stomach, and the rapid recovery of the patient being effected with very little subsequent treatment. After however we will be disappointed in our expectations of the speedy good effects of the first emetic, and a second or even a third becomes necessary. It is proper in this place to observe that as the irritability of the stomach is often much diminished, particularly if the patient has laboured under the disease for one or more days, the frequent repetition of the medicine is not only demanded, but it is also necessary that the dose should be larger than in the ordinary cases in which it is indicated. The discharges, as have before been observed, whether occurring spontaneously or by the use of emetics are evidently bilious; this circumstance added to the relief they almost invariably afford, is sufficient proof of the propriety of the practice. *The*

* This many-headed monster has again reared its horrid
front in Maryland; and as I am informed by a friend, whose
talents and acquirements render his observations on this, and
as every other subject connected with Medical Science, with
attention, has appeared under nearly the same form that
it assumed in preceding years: being principally character-
ized by a disordered state of the chylopoietic organs, attended
in most cases with a pulmonary affection. Dr. John Grinn, the
physician to whom I have alluded, has practised very extensively,
and with considerable success in the disease during the present
winter, and the details which he has given correspond very
nearly with the description I have offered, and the method of
cure pursued by him is similar. "I am certain," says he, "that
by removing the gastric disorder, and restoring the abdominal
viscera to their proper functions, we cure the disease with
more promptitude and certainty, than we could have done by
any other method;" and in a subsequent letter, he says, "my ex-
perience amounts to this, keep the bowels open, and your patients
will recover, permit them to be constipated, and he will die."

The next class of remedies to which ^{we} ~~we~~ have recourse, is Cathartics. These are in all cases, at some period of the disease or other, indispensable. They should be given, very soon after the patient has recovered from the operation of the bladder, with a view to their full operation; and throughout the remainder of the disease whenever they become necessary, not only to obviate consequences, but to keep the bowels gently laxative. The absolute necessity of keeping up this state of the bowels, I have repeatedly seen convinced by the bad effects arising from the neglect of, and the evident advantages resulting from, a strict attention to the practice. If, from the symptoms of prostration which so frequently predominate, we be deterred from the employment of Cathartics, their effect should be produced by the frequent administration of Emetics. The article which I have seen most advantageously employed, is the Colomel, in doses of two, three, or four grs, given at intervals. As a laxative the Pulv. Rhiz., a Hol. Bals. will probably be found most agreeable to the patient.

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Diaphoretics are generally indicated, particularly during the exacerbation of the febrile symptoms. They should be given with a view of keeping up a moderate and gradual diaphoresis for 12 or 24 hours, and to accomplish this purpose, the preparations of antimony appear best calculated. Those preparations which I have seen employed with the best effect, are the Putris Antimonii P.S., the Putris Jacobi, and a solution of Tartaric tartar in small doses repeated at intervals of 3 or 4 hours. The Antimonial powder with Nitre and Calomel was likewise frequently employed, and with great advantage to the patient. The Dover's powder proved also a very useful medicine, particularly if Rheumatic pains of the joints, or muscles attended: In the exhibition of this however a ^{due} particular attention to the bowels became requisite.

This plan of treatment appeared to be adapted to every form of the disease, except in those cases of a morose bent character in which the strength is from the commencement greatly prostrated, and the patient appears utterly incapable of bearing evacuations of any description.

* The stimulating application of Dr. Hathorne composed of ~~one~~ parts of oil of Turpentine and powdered Cantharides, has been recommended by Dr. Chapman.

That this stimulating plan was often receiving in many instances, at the commencement of the disease is sufficient, proved by the testimony of Professor Chapman, and many other practitioners. Dr. Rush likewise, speaks of a beloved, ~~very~~ sometimes prevailing here, which required the use of bark and Opium.

* The lancet was very generally employed in many parts of Maryland, and by Dr. Treat and others of Virginia with much advantage. It was likewise the remedy chiefly employed by Cleghorn; and is said by Dr. Rush to have been successfully used in the disease when it prevailed in Philadelphia in 1794-'95.

Under such circumstances, the reaction of the system must be excited as speedily as possible by the use of active stimulat^g remedies. For the accomplishment of this purpose wine, brandy, volatile alkalies, and Camphor must be freely exhibited, at the same time that we apply heat externally: blisters, and sitz-baths likewise become necessary*. The cases requiring this forcible use of stimuli are however not frequent, and as soon as the system reacts, and the patient is relieved from the immediate danger of his situation, the treatment above recommended must be adapted, at least so much of it as may aid the use of Cathartics and Diaphoretics. These particularly therefore are to be dispensed with.

Bloodletting, though sometimes called for, was not very frequently indicated, except in mountainous countries, in which the disease assumed a much more inflammatory form, and where bleeding was freely employed with great advantage*. The cases requiring this mode of depletion, were those which put on the form of Pneumonia, or inflammation of the throat attended with a full tense pulse, which though

I have seen the lancet very successfully employed, by my friend Dr. Rigby of Annapolis, the gentleman alluded to in a subsequent part of this History, in many cases of this description. It was however always used by him with caution.

are sometimes occurrent. It was however, even in these cases
recessary to use the lancet cautiously, and never repeat the
exsanguination after the pulse had been reduced. In these cases
a decoction of the *Polygonum avicinum*, taken frequently, proved
highly useful as an expectorant and diaphoretic. A
 decoction of the *Asclepias*, *Decumosa*, or *Pleurisy-root*,
 was much employed with this intention by many practi-
 tioners. With respect to the local treatments, it will
 be sufficient to mention in general terms, that whenever
 much topical affection existed, blisters were almost in-
 variably called for. Generally speaking, the affections
 of the head, throat, or chest yielded to no other applications
 though in some instances I have known the use of hot for-
 mulations, or heated substances externally applied, afford
 speedy relief. In severe cases the blisters should be large and
 repeatedly applied. Topical bleedings, and dry cupping, &c.
 have been sometimes useful, none of these remedies however
 are to be considered as anything more than auxiliaries.

When the disease terminates in Typhus, we must
 employ the remedies, adapted to that state of Fever. Frank
 Sykes

*. One case terminating in Intermittent, after receiving large
quantities of Bark, Arsenic, &c yielded to the use of the
Imatorium Befoliation.

serpentaria, Camphor, and more particularly Wine, and volatile alkali, are the articles, to be relied on, for a mild cooling diaphoretic, the Spiritus Mandecii is a medicine of considerable efficacy. Bals and the other vegetable Tonics are required in the subsequent state of debility in which the patient is generally left to complete the cure. The Intermittent which frequently succeeds, is to be treated in the usual manner. Most of the consequences mentioned as succeeding to this disease, may in general be alleviated, by the adoption of the plan of treatment here recommended.

In all cases of Malaria, which has been ^{said} frequently to occur, we are to keep in view the cause of the disease, and at the same time apply remedies adapted to the local affection.

This disease has in its progress observed that law, of all preceding epidemics, particularly remarked by Hydatkin, by which all concurrent diseases are made to assume the character of the prevailing one. Dr. and Dr. Rush have ingeniously expedit it, are forced to do homage to the monachy of the single disease, by wearing its livery? Rheumatism, Cynanche,

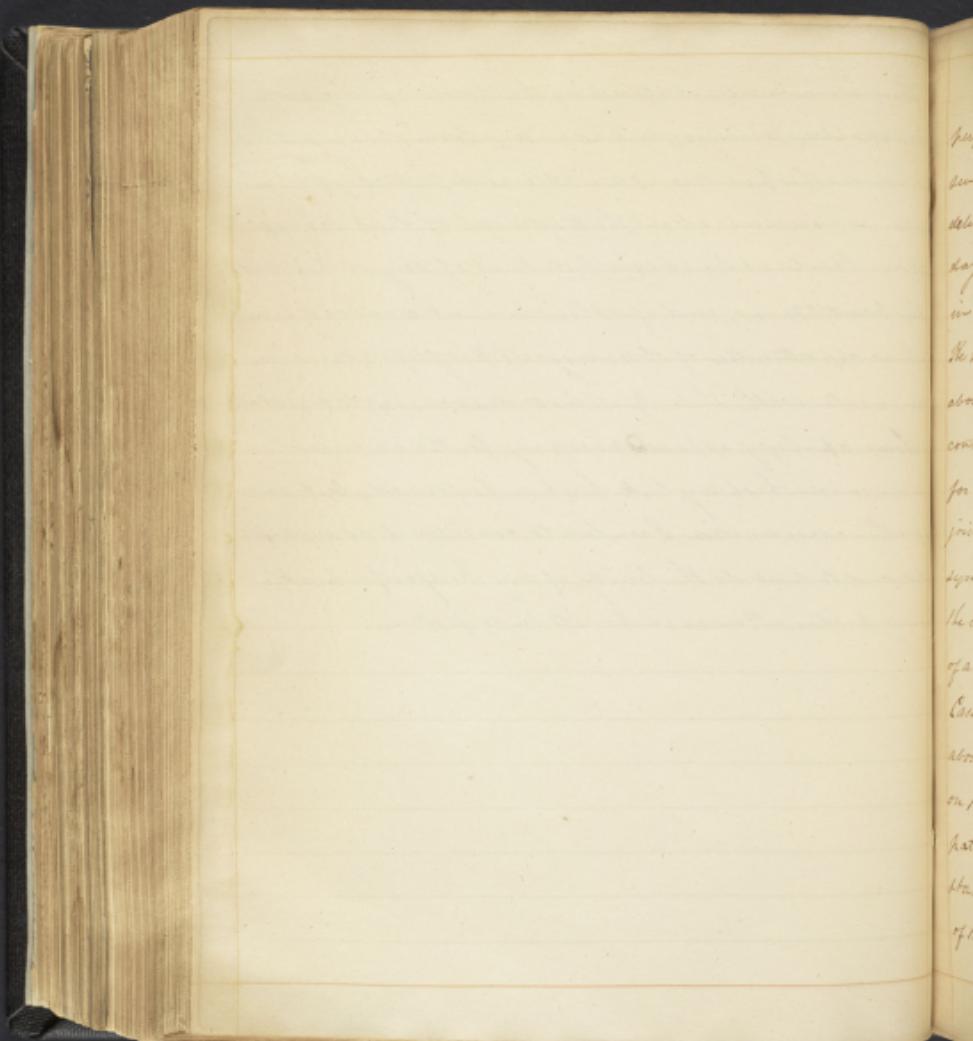
**. This was particularly exemplified in my own person; I was attacked with severe rheumatick pains in my head, shoulders, muscles of the thorax, &c, with a foul tongue, thirst and other febrile symptoms, all of which soon yielded to the operation of an active emetic, followed by a cathartick.

Cynanche, Cataub, Rheumonia, in that all the diseases of the winter and spring appeared more or less of its characteristic form, and hence required a modification in their mode of treatment adapted to the change in their appearance, and founded on the peculiar nature of the rising disease. *

The above, after reflecting on every thing which I have seen or heard relating to this Epidemic appears to me to constitute the Modes medendi which will be found most satisfactorily successful in the treatment of the disease. I am aware that in recommending its adoption, I may incur the charge of presumption in thus opposing the high and respectable authorities, who have advocated a contrary mode of practice. It may appear still more presumptuous, to support this opinion having heard an opposite doctrine so recently expounded by an eloquent Professor in this University; but, a sincere conviction of the correctness of the views which I have publicly endeavoured to support, and of the efficacy of the treatment, would allow me to pursue no other course, "Amicus Plato, sed Unicus magis Veritas." These

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These remarks are not offered as the result of my own practical experience, but as arising from observations made on the practice of an able and judicious physician, whose success in the treatment of this scourge of our land, at least equalled that of any of his brother practitioners; and of other eminent medical men, whose opportunities of observing its progress were commensurate with their zeal in endeavouring to arrest it. Some apology appears necessary for the imperfect manner in which my task has been performed, but on a further consideration I am led to consider it as superfluous, and to trust to the lenity of my judges for making every proper allowance for its imperfection.



Case 1. W. T. aged 48 went to bed apparently in perfect health; about midnight he awoke with a slight and severe pain in the head, which soon increased to a violent delirium. This lasted during the night, but yielded the next day to a state approaching to stupor, which continued in a greater or less degree, throughout a great part of his illness. He has pain in the breast, with a tightness and oppression about the precordia, and some gastric disorder. The disease continued, very little affected by the remedies employed, for ten days, when his arm became inflamed at the elbow joint to a very considerable extent, and a recession of the symptoms speedily, took place; he gradually recovered by the use of bark and columbo. I have seen one other case of a violent kind terminate in the same manner.

Case 2. A boy aged 14 years had been ill with the disease about a week, when an erysipelatous inflammation appeared on the knee and gradually extended over the whole leg. The patient, who had been previously in the most alarming state, soon became considerably relieved from the violence of the disease, and finally, recovered. The inflammation yield
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to the use of blisters. — One case terminated in phlegmonous inflammation of the knee joint, and the patient recovered, though a considerable time elapsed, before the cure was completed.

Case. 3. This was an interesting case of the disease which did not terminate so favourably as the preceding. The patient was attacked in the usual manner with headache, pyrexia, &c., and partie disorder. After the use of t.S. and a powder composed of antimony, nitre, and Calomel had been employed, a translation of the disease to the knee took place on the third day, and the patient, ^{a 44^o laboured under what his master considered an alarming diarrhoea. Under these circumstances the Doctor's powder was applied. The medicines had no action on the skin, the diarrhoea was stopped, a complete translation of the disease from the knee to the brain took place, and he died in 24 hours.}

A number of other cases might be related in proof of the character of the disease but the above are deemed sufficient.

